remains within normal limits up to the seventieth year, when it decreases; (2) pathological senility manifested only by feeble mentality without complication of other grave psychical or physical disturbances, has no influence upon the hemolytic process in old age. (3) Increase in R. M., which indicates in certain conditions presence in the blood of a large number of young cells, may have a pathological character and even render the prognosis unfavorable in some cases, as does diminished corpuscular resistance ordinarily.

2. *Softened Areas Surrounding Tumors.*—This paper gives the findings at autopsy and histological examination in a case of epilepsy beginning after the fortieth year followed by monoplegia, hemiplegia and final dementia. A tumor was found in the motor area of the right side of the brain, occupying a cavity filled with transparent pale yellow fluid, containing fragments of softened neural tissue. The diagnosis of brain tumor was not made during life. A peculiar clinical feature was entire absence of the most characteristic symptoms of cerebral tumor, there being no headache, vomiting, or subjective disturbance of the organ of vision. An interesting study of manifestations in life, viewed in the light of post-mortem findings, is given. The histological analysis is too extended to be given within the limits of this abstract; suffice it to say that the tumor was an endothelioma developed from the meninges, rich in elements of probable sarcomatous nature and devoid of nervous elements; the surrounding liquid containing polynuclear neuroglia cells and fragments of neural fibers, etc. Noteworthy is the slow progress of the malady, the patient surviving twenty-five years after the onset of symptoms. R. L. FIELDING (New York).

Neurologisches Centralblatt.

(1902. February 1, No. 3.)

1. Further Contribution to Asthenic Paralysis, with one Autopsy. S. GOLDFLAM.
2. Concerning the Eye-reflex, or the Eye Phenomenon. By v. Bechterew.
3. The Corneo-mandibular Reflex. By v. SÖLDER.
4. A Case of Early Tabes. By M. BLOCH.

1. *Asthenic Paralysis.*—A report of an interesting, but not unusual case of asthenic bulbar paralysis, with a very careful clinical and pathological report. A discussion of the latter is carried over to the following number.

2. *The Eye-reflex.*—Von Bechterew discusses in this article the reflex described last year by McCarthy as the supraorbital reflex, and claims priority of discovery, although he admits that outside of the Society reports he had not published his paper until after the publication above referred to. He agrees that the reflex is partly a true nerve reflex, and partly due to a mechanical irritation transmitted along periosteal, muscle and tendon fibers to the orbicularis muscle. He insists that the reflex may be elicited from the temporo-frontal region, the nasal region, and not seldom from the zygomatic arch.

3. *Corneo-mandibular Reflex.*—Sölder describes a new reflex in the distribution of the fifth nerve. It is elicited by corneal irritation and results in a slow, sometimes a quick, lateral movement of the inferior maxilla. The jaw must be held partially open and released. The reflex arc consists of the first branch of the trifacial, the fifth nu-

cleus, and the third branch. He thinks it may be of some value in localizing lesions at the base of the brain (Hirnstamme).

4. *Early Tabes.*—Bloch reports a case of tabes in a girl of seventeen years. Argyll-Robertson pupils, loss of reflexes, ataxia, bladder and sensory disturbances were present. Puberty had not yet developed. There was no history of syphilis in father or mother. The other children were healthy. Precordial distress, with palpitation and fear, occurred occasionally in this girl, and were considered by Bloch to be possibly "heart crises." McCarthy (Philadelphia).

Nouvelle Iconographie de la Salpêtrière.

(1901, 14th year, No. 5, September-October.)

1. Pathological Anatomy of Hereditary Cerebellar Ataxia. Switalsky.
2. Researches Upon the Anatomical Structure of the Nervous System of an Anencephalus. N. Vaschide and Claude Vurpas.
3. A Case of Hysterical Breast. Lannois.
4. Paralysis of the Ulnar Nerve with Contractures Resulting (Main en Pince). Jacinto de Leon.
5. A Case of Ostitis Deformans of Paget, with Melanodermia. Autopsy. L. Hudelo and J. Heitz.
6. The Influence of the Work of One Muscle Upon the Activity of Other Muscles. Ch. Féré.

1. *Hereditary Cerebellar Ataxia.*—Pierre Marie first differentiated this disease from Friedreich's disease, with which it has many similarities. The author of this paper has had the opportunity of studying two cases in the service of Marie and of making a microscopic study of the nervous system in one of them. A careful clinical account of these cases has been published by Klippel and Durant in the *Revue de Médecine,* Oct., 1892. A résumé of the pathological findings in this case is the following: Degeneration of the fibers in the column of Goll, in the direct cerebellar tracts, in Gowers' tract. Atrophy of the grey substance of the cord with disappearance of the cells. In the medulla degeneration of the direct cerebellar tract and of Goll's column. A considerable atrophy of the direct cerebellar peduncular fibers, proliferation of the ependymal connective tissue of the fourth ventricle and of the aqueduct of Sylvius. In the cerebellum there was a diminution in the number of convolutions, and the fissures were very large. In the cortex there was found a non-stainable zone lying between the granular and molecular layer. Reduction in volume of the white substance. Atrophy of the right optic nerve. There is a disappearance of the large calibred fibers and a considerable augmentation of the small ones in the peripheral nerves and in the nerve roots. Hypoplasia of the blood vessels. The results of the anatomical study of these cases, as compared with the few cases found in literature show striking differences but, as a whole, the lesions are similar. The author formulates the following tentative theory to explain the pathogenesis of hereditary cerebellar ataxia: An individual who is to suffer with this disease, comes into the world with a weakened nervous and vascular system. This weakness is confined more or less sharply to the cerebellum and its nerve tracts. Up to a certain age there exist no symptoms referable to the nervous system because the vascular system, though below the normal, suffices for nutrition. At the moment when the fibers already weak become more rigid on account of age or some other cause, they can no longer nourish the nervous system.